

PATENT
Attorney Docket No. 414506
Express Mail Number EV 413240717 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) Edson
Serial No. 10/763,983
Filed January 23, 2004
For Screen Printing Repetition Systems
and Methods

Examiner Crenshaw, Marvin P.
Group Art No. 2854
Confirmation No. 8231

February 4, 2005

Mail Stop Petitions
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Request for Continued Examination with Amendment and Petition to Revive

In response to the Examiner's Notice of Allowance mailed October 4, 2004,
please amend the above identified application as follows.

~~02/09/2005 MAHRED1 00000046 120600 10763983~~
~~03 FC:2202 2100.00 DA~~

CERTIFICATE UNDER 37 C.F.R. § 1.8 and § 1.10

I hereby certify that, on the date shown below, this correspondence is being

Adjustment date: ☒ deposited with the United States Postal Service in an envelope addressed to Mail Stop Petitions, Commissioner for Patents, P.O. Box
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☐ 37 C.F.R. § 1.8
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Remarks

The Examiner's Notice of Allowance mailed October 4, 2004, has been reviewed. Applicant is filing herein a Petition to Revive and a Request for Continued Examination with amended claims and an Information Disclosure Statement (IDS). Applicant respectfully submits that the application is in condition for allowance.


No new matter has been added. The scope of the Examiner's search has not been changed. No new search is required.

Applicant's attorney welcomes the opportunity to discuss the case with the Examiner in the event that there are any questions or comments regarding the response or the application.

This is intended to be a complete response to the Examiner's Notice of Allowance mailed on October 4, 2004.

Respectfully Submitted,

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By 
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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2004

10/763 983

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	395.00
x 25	
x 100	
+180	
TOTAL	

RATE	FEE
BASIC FEE	790.00
x 50	
x 200	
+360	
TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	84	20	64
Independent	8	3	5
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

1, 2, 23, 36, 43, 44, 65, 78

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE
x 25	1600
x 100	500
+180	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
x 50	
x 200	
+360	
TOTAL	
ADDITIONAL FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	
Independent		Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
x 25	
x 100	
+180	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
x 50	
x 200	
+360	
TOTAL	
ADDITIONAL FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	
Independent		Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
x 25	
x 100	
+180	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
x 50	
x 200	
+360	
TOTAL	
ADDITIONAL FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.